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SERIAL NUMBER 10/053,713	FILING DATE 01/24/2002 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 401-1012
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APPLICANTS

Tilo Christ, Erlangen, GERMANY;
 Volker Schmidt, Erlangen, GERMANY;
 Hans Schull, Weisendorf, GERMANY; Werner Striebel, Schwarzenbruck, GERMANY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****
 GERMANY 10103325.7 01/25/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/15/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
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ADDRESS
 000466
 YOUNG & THOMPSON
 745 SOUTH 23RD STREET
 2ND FLOOR
 ARLINGTON , VA
 22202

TITLE
 Method and medical system for the postdischarge surveillance of a patient

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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RECEIVED 1070	No. _____ for following:	<table border="1"><tr><td data-bbox="1005 140 1456 205"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td data-bbox="1005 205 1456 262"><input type="checkbox"/> Other _____</td></tr><tr><td data-bbox="1005 262 1456 319"><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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